

The Old Brickworks - Station Road - Warboys - Huntingdon Cambridgeshire - PE28 2TX

Tel: 01487 824541 Fax: 01487 824543 Email: enquiries@woodfordrecycling.co.uk

Strictly Confidential

MONTHLY CREDIT ACCOUNT APPLICATION

Please complete all sections of the application form. Failure to do so may result in a delay processing your application.

TE:			
	Business Trading Name:		
	Date Established:		
	Business Type: Limited Company / Partnership / Sole Trader (Delete as necessary)		
	Company Number (if a Limited Company):		
	Business Address:		
	Post Code: Tel:		
	Fax No: Mobile: Email Address:		
	Registered Office Address (if different from above):		
	Names & Address or all Principals / Directors and Company Secretary:		
	1		
	3		
	4		



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	ny of its principals / directors have any county / high courregistered against it? (if yes, please give details)
Please give details of t	the parent, holding company or group if applicable:
Bank Details	
Sort Code:	Account Number:
•	ease give full name, address, telephone and fax number)
Credit Required: £	per month
	ounts queries:



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Terms & Conditions

I/We the applicant request Woodford Recycling Services Limited (the company) to open a credit account facility and hereby agree to abide by all terms and conditions of the Company including those listed below, and hereby authorise Woodford Recycling Services Limited to make enquiries relating to our credit standing as you consider necessary, and to check the bank and trade references we have supplied.

- A Any order numbers must be provided (if required) prior to commencement.
- B Customers using the Company's waste transfer facilities must ensure their staff submits the correct documentation before tipping, otherwise they will not be permitted to tip. The principal documents are a Waste Carriers Licence and a Waste Transfer note.
- C Amounts in excess of credit facility granted must be paid immediately.
- D Any queries in respect of invoices should be notified in writing by the customer within 7 days of receipt.
- E Al invoices are due for payment in full within 30 days from the invoice date (unless otherwise agreed). Invoices not paid on t he due date may be subject to an additional charge of 4% above Allied Irish Bank's base rate.
- F In consideration of the Company extending credit to the applicant named above, the person signing this form hereby guarantees payments to the company of all outstanding monies including amounts owed in excess of the credit limit (see condition 5) and any interest applicable (see condition 7)

I have read, understood and want to be legally bound to the conditions above.

AUTHORISED SIGNATORY					
NAME (please print)					
TITLE					
DATE					
THIS FORM MUST BE SIGNED BY A DIRECTOR / PROPRIETOR OF THE COMPANY					

PLEASE RETURN WITH A COPY OF YOUR COMPANY LETTERHEAD